

USDA APHIS BSE Target Cattle Data Collection Form

10-4 Referral # _____

State where animal resided or carcass collected:	Date:
BSE sample #	

Owner or Source Information:	Collector Information:
Name:	Name:
Address:	Address:
Address:	Address:
State: Zip Code:	State: Zip Code:
Tel:	Tel:

Animal Information

ID # 1	ID # 2	ID # 3	ID # 4	Brand	Tattoo

Check Appropriate:

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Neutered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------	-------------------------------	---------------------------------	-----------	------------------------------	-----------------------------

Age:	<input type="checkbox"/> Less than 20 months	<input type="checkbox"/> 20-30 Months	<input type="checkbox"/> 31-36 Months	<input type="checkbox"/> 4Yrs	<input type="checkbox"/> 5yrs or more	<input type="checkbox"/> Adult (cannot estimate age)
------	--	---------------------------------------	---------------------------------------	-------------------------------	---------------------------------------	--

Breed:

<input type="checkbox"/> Angus	<input type="checkbox"/> Chianina	<input type="checkbox"/> Jersey	<input type="checkbox"/> Polled Hereford	<input type="checkbox"/> Shorthorn
<input type="checkbox"/> Beefmaster	<input type="checkbox"/> Devon	<input type="checkbox"/> Limousin	<input type="checkbox"/> Polled Shorthorn	<input type="checkbox"/> Simmental
<input type="checkbox"/> Brahman	<input type="checkbox"/> Galloway	<input type="checkbox"/> Hereford	<input type="checkbox"/> Red Angus	<input type="checkbox"/> Beef Crossbred
<input type="checkbox"/> Brangus	<input type="checkbox"/> Guernsey	<input type="checkbox"/> Maine-Anjou	<input type="checkbox"/> Red Brangus	<input type="checkbox"/> Dairy Crossbred
<input type="checkbox"/> Brown Swiss	<input type="checkbox"/> Hereford	<input type="checkbox"/> Milking Shorthorn	<input type="checkbox"/> Santa Gertrudis	<input type="checkbox"/> Unknown
<input type="checkbox"/> Charolais	<input type="checkbox"/> Holstein	<input type="checkbox"/> Murray Grey	<input type="checkbox"/> Scotch Highland	<input type="checkbox"/> Other(Specify)

Clinical Signs:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Depressed	<input type="checkbox"/> Head Pressing (against object)	<input type="checkbox"/> Paralyzed / rigid or relaxed
<input type="checkbox"/> Anorexia (off feed)	<input type="checkbox"/> Down (describe in comments)	<input type="checkbox"/> Over excitable	<input type="checkbox"/> Weak / rigid or relaxed
<input type="checkbox"/> Apprehension	<input type="checkbox"/> Skinny (underweight)	<input type="checkbox"/> Hysteria	<input type="checkbox"/> Sensitive to light
<input type="checkbox"/> Ataxia (uncoordinated)	<input type="checkbox"/> Excessive Bellowing	<input type="checkbox"/> Licking muzzle	<input type="checkbox"/> Shifting ears
<input type="checkbox"/> Belligerent	<input type="checkbox"/> Bug Eyed (bulging eyeballs)	<input type="checkbox"/> Mania	<input type="checkbox"/> Stupor
<input type="checkbox"/> Blindness	<input type="checkbox"/> Droopy lip, or eyelid	<input type="checkbox"/> Pin Point Pupils	<input type="checkbox"/> Tetany
<input type="checkbox"/> Circling	<input type="checkbox"/> Frenzy	<input type="checkbox"/> Dilated Pupils	<input type="checkbox"/> Tremors
<input type="checkbox"/> Coma (unconscious)	<input type="checkbox"/> Abnormal Gait	<input type="checkbox"/> Nervous	<input type="checkbox"/> Wandering
<input type="checkbox"/> Convulsions / seizures	<input type="checkbox"/> Grinding Teeth	<input type="checkbox"/> Nystagmus (Eye Movements)	<input type="checkbox"/> Other (describe in comments)
<input type="checkbox"/> Decreased Milk Yield	<input type="checkbox"/> Head Tremors	<input type="checkbox"/> On side (head back, paddling)	

FSIS Condemnation Codes

<input type="checkbox"/> Degen & Dropsic 099	<input type="checkbox"/> Misc inflamm dz 299	<input type="checkbox"/> Injuries 605	<input type="checkbox"/> Tetanus 105
<input type="checkbox"/> Actinomycosis & Actinobacillosis 101	<input type="checkbox"/> Epithelioma 302	<input type="checkbox"/> Pigment conditions 607	<input type="checkbox"/> Vesicular dzs 110
<input type="checkbox"/> Misc Infect Dz 199	<input type="checkbox"/> Malig lymphoma 303	<input type="checkbox"/> Myiasis 402	<input type="checkbox"/> CNS disorders 601
<input type="checkbox"/> Arthritis 201	<input type="checkbox"/> Misc neoplasms 399	<input type="checkbox"/> General misc 699	<input type="checkbox"/> Deads 603
<input type="checkbox"/> Mastitis 203	<input type="checkbox"/> Abscess/pyemia 501	<input type="checkbox"/> Residue 609	<input type="checkbox"/> Moribund 606
<input type="checkbox"/> Metritis 204	<input type="checkbox"/> Septicemia 502	<input type="checkbox"/> Other reportable dz 900	<input type="checkbox"/> Pyrexia 608
<input type="checkbox"/> Pericarditis 206	<input type="checkbox"/> Toxemia 503	<input type="checkbox"/> Misc parasitic cond 499	<input type="checkbox"/> Rabies 615
<input type="checkbox"/> Pneumonia 208			

Categories: select from one

1. On Farm

<input type="checkbox"/> Suspect
<input type="checkbox"/> Dead
<input type="checkbox"/> Lameness resulting in euthanasia
<input type="checkbox"/> Injury resulting in euthanasia
<input type="checkbox"/> Non-ambulatory (downer) other than lameness or injury
<input type="checkbox"/> Other

3. Apparently Normal Adult Slaughtered Animal

2. Slaughter Plants / Renderers / Diagnostic Labs / Other Sources

<input type="checkbox"/> Suspect
<input type="checkbox"/> Nonambulatory (downer)
<input type="checkbox"/> Dead
<input type="checkbox"/> Antemortem Condemned at slaughter - injury
<input type="checkbox"/> Antemortem Condemned at slaughter - moribund
<input type="checkbox"/> Antemortem Condemned at slaughter - emaciation
<input type="checkbox"/> Rabies Sample
<input type="checkbox"/> Other